Attachment A

STATE OF CONNECTICUT

DEPARTMENT OF DEVELOPMENTAL SERVICES

DEATH REPORT FORM

Region/TS: ☐ **NR** ☐ **SR** ☐ **WR** ☐ **STS**

Report Date:	Time: : _	Death Date:	Time: : _
Consumer's Name:		DDS#:	DOB:
Gender: ☐ Male ☐ Female			
Address:			
Residence Type: _		Phone No.: ( ) -	

Location of Death:			
Cause of Death:			
Was death anticipated as the result of a known condition? ☐ Yes ☐ No		DNR Order? ☐ Yes ☐ No	
Was death accidental? ☐ Yes ☐ No			
OCME contacted: ☐ Yes ☐ No	Date:	OCME#	(860) 679-3980 / 1-800-842-8820
Accepted jurisdiction? ☐ Yes ☐ No			
Private autopsy requested: ☐ Yes ☐ No	Consent obtained? ☐ Yes ☐ No	Performed by:	

Is Abuse or Neglect Suspected? ☐ Yes ☐ No	Was an Abuse/Neglect Report Completed? ☐ Yes ☐ No

(NOTIFICATION) ALL DEATHS

☐ DDS Case Manager	Name:	Date:
☐ Family ☐ Guardian ☐ Advocate	Name:	Date:
☐ Regional Director (On-Call Mgr.)	Name(s):	Date:
☐ DDS Health Service Director	Name:	Date:

(NOTIFICATION) UNEXPECTED DEATHS

☐ Health & Clinical Director Office/CO (860-418-6083)	Name	Date:
☐ Director of Investigations (860-250-7023)	Name	Date:
☐ Local/State Police	Name	Date:
☐ Abuse/Neglect Suspected Contact OPA (860-297-4300)	Name	Date:

UNEXPECTED DEATHS

- Death that was not expected or anticipated as a result of any previously known medical diagnosis or condition
- Death as a result of an accident (car accident, fall, choking, etc.) even if the person had a known terminal condition
- Death that was due to a suspected/alleged homicide or suicide
- Death for which there is an allegation of abuse or neglect

1. Police involvement: ☐ Yes ☐ No	3. Conduct on-site visit: ☐ Yes ☐ No
2. Secure records/environment: ☐ Yes ☐ No	4. Complete Immediate Safety Assessment Form: ☐ Yes ☐ No

OTHER DETAILS

_____

Completed by (Name & Title):		Date:	

Reporter's Name, Title & Agency:			Date:
Address:			
Phone: - -	City:	State:	Zip Code:

Distribution: Original: Consumer Master File/Case Manager

Copies: Director of Health & Clinical Services – CO, Health Services Director, Regional Director, Nurse Investigator, Director of Investigations Fax# 860-616-2082

Revised 6/11